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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/824063	
	Filing Date	4/13/2004	
	First Named Inventor	Renate Fruchter	
	Art Unit	2178	
	Examiner Name	CAMPBELL, JOSHUA D	
Total Number of Pages in This Submission		Attorney Docket Number	S03-359/US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other:	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
PRINTED NAME	Trieu T. Mai		
DATE	5/15/08	REGISTRATION NUMBER	61,354

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
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PRINTED NAME	Samira Uddin
DATE	5/15/08

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/824,063

Conf. No.: 6079

5 First named inventor: Fruchter, Renate

Filing date: 04/13/2004

Title: Concurrent Voice to Text and Sketch Processing with
Synchronized Replay

TC/A.U.: 2178

10 Examiner: Campbell, Joshua D.

Docket No.: S03-359/US

Customer No.: 30869

Reply under 37 CFR 1.111

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Commissioner for Patents
Alexandria, VA 22313-1450

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Sir:

This reply is in response to an office action dated March 11, 2008. With this reply, the Applicant kindly submits the following.